Outside Consulting Authorization Form

Smith Employee ID Number: ______________________

Employee Name: _______________________________

What is the nature of your Outside Consulting assignment? ______________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What relevance does this have to your current role at Smith? ______________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Name of your client: _____________________________

Identify the dates you will be doing the Outside Consulting: ______________________
________________________________________________________________________

I have read both the Consulting and Conflict of Interest policies and agree that this
outside consulting arrangement is in compliance with these policies.

Employees’ Signature: _________________________ Date: _________________________

Supervisor’s Signature: _________________________ Date: _________________________